

Appl. No. 10/634,881

Amdt. Dated: September 25, 2006

Reply to Office Action of: August 24, 2006

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Appl. No.: 10/634,881

Applicant: WILLEY, William Daniel; BLAKE-WILSON, Simon

Filed: August 6, 2003

Title: MOBILE CERTIFICATE DISTRIBUTION IN A PKI

Art Unit: 2618

Examiner: NGUYEN, Lee

Docket No.: 14412

Mail Stop Non-Fee Amendment  
U.S. Patent & Trademark Office  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE**

Sir:

This is further to the Office Action dated August 24, 2006. Applicant wishes to amend the above-identified application as follows:

**Remarks:** begin on page 2 of this paper.

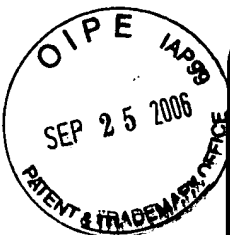
JPW

Doc Code:

PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/634,881

Filing Date

August 6, 2003

First Named Inventor

WILLEY, William Daniel

Art Unit

2618

Examiner Name

NGUYEN, Lee

Attorney Docket Number

14412

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Dowell & Dowell, P.C.		
Signature			
Printed name	Ralph A. Dowell		
Date	September 25, 2006	Reg. No.	26,868

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